

Human Resources Office - Japanese Automation System ACTIVITY/HRO USER ACCOUNT REQUEST

1. Activity Name:(Full)		2. Organization Code:(Reference to HRO)																					
3. Name:(Last, First, Second Initial)		4. E-mail Address:																					
5. SSN/Employee No.:		6. DOB:(mm/dd/yyyy)	7. Phone:																				
8. Job Title:		9. Job No.:	10. Grade:																				
<p>11. Access Level:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> PD <input type="checkbox"/> Initiate <input type="checkbox"/> Block 12 <input type="checkbox"/> Block 13 <input type="checkbox"/> Block 14 <input type="checkbox"/> Clearance <input type="checkbox"/> PC(HRO Only) </td> <td style="width: 33%; vertical-align: top;"> PAR <input type="checkbox"/> Initiate <input type="checkbox"/> Requested by <input type="checkbox"/> CO or Authorized Rep. <input type="checkbox"/> Clearances <input type="checkbox"/> Clearances (HRO Only) </td> <td style="width: 33%; vertical-align: top;"> PWO <input type="checkbox"/> Initiate <input type="checkbox"/> Block 16 <input type="checkbox"/> Block 17 <input type="checkbox"/> Block 17a <input type="checkbox"/> Block 20(HRO Only) </td> </tr> </table>				PD <input type="checkbox"/> Initiate <input type="checkbox"/> Block 12 <input type="checkbox"/> Block 13 <input type="checkbox"/> Block 14 <input type="checkbox"/> Clearance <input type="checkbox"/> PC(HRO Only)	PAR <input type="checkbox"/> Initiate <input type="checkbox"/> Requested by <input type="checkbox"/> CO or Authorized Rep. <input type="checkbox"/> Clearances <input type="checkbox"/> Clearances (HRO Only)	PWO <input type="checkbox"/> Initiate <input type="checkbox"/> Block 16 <input type="checkbox"/> Block 17 <input type="checkbox"/> Block 17a <input type="checkbox"/> Block 20(HRO Only)																	
PD <input type="checkbox"/> Initiate <input type="checkbox"/> Block 12 <input type="checkbox"/> Block 13 <input type="checkbox"/> Block 14 <input type="checkbox"/> Clearance <input type="checkbox"/> PC(HRO Only)	PAR <input type="checkbox"/> Initiate <input type="checkbox"/> Requested by <input type="checkbox"/> CO or Authorized Rep. <input type="checkbox"/> Clearances <input type="checkbox"/> Clearances (HRO Only)	PWO <input type="checkbox"/> Initiate <input type="checkbox"/> Block 16 <input type="checkbox"/> Block 17 <input type="checkbox"/> Block 17a <input type="checkbox"/> Block 20(HRO Only)																					
<p>12. Route:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">PD</td> <td style="width: 25%; text-align: center;">PAR</td> <td style="width: 25%; text-align: center;">PWO</td> </tr> <tr> <td style="vertical-align: top;">From Name:</td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> </tr> <tr> <td></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> </tr> <tr> <td style="vertical-align: top;">To Name:</td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> </tr> <tr> <td></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> </tr> </table>					PD	PAR	PWO	From Name:	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	To Name:	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
	PD	PAR	PWO																				
From Name:	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>																				
	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>																				
To Name:	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>																				
	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>																				
13. Signature:			14. Date:																				
15. Authorized Personnel Signature: / Phone		16. E-mail Address:	17. Date:																				
19. Note:																							
HRO Official Use Only																							
20. Received Date		21. JAS Registered Date																					